



## **TAMC SPECIALTY PSYCHOLOGY POSTDOCTORAL FELLOWSHIP TRAINING PROGRAMS**

Program Philosophy  
Program Goals  
Program Design  
Selection Procedures  
Specialty Practice Areas  
Program Faculty  
Supervision  
Evaluation of Performance  
Insufficient Progress and Probation  
Fellow Evaluation of Program  
Grievance Procedures  
Attendance and Absences  
Duty Hours  
Postdoctoral Fellowship Application Procedures Accreditation  
Status

### **PROGRAM PHILOSOPHY**

Our Postdoctoral Training Programs strive to provide each postdoctoral psychology fellow with advanced training and specialty expertise. The programs are structured to produce psychologists who are capable of understanding, appreciating, and contributing to the scientific underpinnings of clinical practice. We not only believe that science must inform clinical practice but that practice must inform science.

The Department of Psychology at TAMC offers postdoctoral training in three substantive specialty practice areas recognized by the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association (APA) or by the American Board of Professional Psychology (ABPP). These specialty areas are Clinical Child Psychology, Clinical Health Psychology and Clinical Neuropsychology that are accredited as separate postdoctoral programs in their specialty area. Each specialty practice area provides postdoctoral fellows with opportunities to achieve specialty levels of expertise in psychological assessment and treatment and to integrate clinical and research training experiences. It is believed that postdoctoral training is the optimal opportunity to develop the high level of specialty expertise needed for health care delivery careers, academic careers or leadership roles in the health care delivery system. Our program highly values interdisciplinary training and multidisciplinary team participation. Our fellows train alongside trainees of many other disciplines, depending on their Specialty Practice Area, e.g., child psychiatry fellows, pediatrics residents, family practice residents, surgery residents, etc. They also participate in multidisciplinary teams in primary care, pain rehabilitation, schools, oncology, etc. The faculty models interdisciplinary cooperation and demonstrates the unique contributions psychologists can make to multidisciplinary teams, thus helping prepare students to take active and productive roles on such teams.

Our Postdoctoral Training Programs strive to facilitate the professional development of each postdoctoral fellow. It is believed that some aspects of the training program are most appropriately individualized and that individualized career advising is essential. Each postdoctoral fellow has unique career aspirations and is at his or her individual level of professional development. It is our conviction that this professional development be nurtured. We believe that this requires facilitation of appropriate opportunities for advocacy, development of research interests, cross-specialty or departmental collaborations, membership in professional organizations, and attendance at professional conferences.

### **PROGRAM GOALS**

The education and training goals of our Postdoctoral Training Programs are consistent with our aims to (1) prepare clinical psychologists for clinical psychology practice at an advanced competency level and (2) provide them with advanced specialty level training. The training that we provide include: (a) diagnosing or defining problems through psychological assessment and implementing psychological interventions; (b) consultation, program evaluation, supervision and/or teaching; (c) strategies of scholarly inquiry; (d) organizational management and administration issues as they affect the service delivery or research setting; (e) professional issues and conduct, including law and ethics, and other psychology service provider standards; and (f) issues of cultural and individual diversity relevant to all of the areas above.

### **PROGRAM DESIGN**

All fellows in our program spend 9 hours during an average week in common training experiences. This total increases to about 18 hours per week with a two-day visit by a distinguished professor. Fellows in each of the Specialty Practice Areas spend considerably more time together in seminars, workshops, conventions and other training events, specific to that Specialty Practice Area.

The training activities common to all fellows are described below:

Distinguished Visiting Professors 2008-2010

Name Topic

Roger Greene, Ph.D., ABPP MMPI-2

William O'Brien, Ph.D. Couples Therapy

Jon Kabat-Zinn, Ph.D. & Elizabeth

Stanley, Ph.D. Mindfulness

Allen Hess, Ph.D. Clinical Supervision

Randy Tackett, Ph.D. Psychopharmacology Examination for Psychologist-Preparation

Each training session by visiting professors is a two-day experience and includes approximately 12 hours of seminar/workshop as well as opportunities for professional development as they interact with the distinguished professor.

### **Advanced Biopsychosocial Bases of Behavior/Psychopharmacology Training**

The TAMC Psychology Postdoctoral Fellowship Training Programs place a significant emphasis in the acquisition of knowledge of the Advanced Biopsychosocial Bases of Behaviors and psychopharmacology. This common training experience is a 32-credit hour, graduate level series of courses, conducted by Argosy University, Honolulu Campus. Fellows who opt to complete this training in its entirety spend up to 7 hours per week in class throughout the fellowship. Fellows involved with this training are also responsible for related readings and outside-of-class assignments. This significant training experience reflects our programs' commitment to the biopsychosocial model of pathology and the notion that psychologists with advanced level training must thoroughly understand how physical factors and drugs of all kinds affect mental functioning.

Clinical Health Psychology Fellows have the option to complete all the course work and the practicum training required for a Masters Degree of Science in Psychopharmacology. The Health Fellows who do not choose the academic option are required to complete a research project.

The Psychopharmacology Program is offered to all fellows through the Department of Psychology, **but is neither a formal requirement nor an integrated activity in the Clinical Neuropsychology or the Clinical Child Psychology Fellowships.** As such, Clinical Neuropsychology and Clinical Child Psychology fellows who are interested in this opportunity must be prepared to complete course work and practicum training after duty hours. This commitment would amount to an estimated eight to ten hours over the regular fellowship schedule. Fellows who cannot perform their regular duties of the fellowship may be counseled to withdraw from the Psychopharmacology Program in order to achieve their fellowship's training objectives. Clinical Neuropsychology and Clinical Child Psychology Fellows are required to complete a research project.

To ensure a well-rounded training in the psychobiological basis of behavior, Clinical Health and Clinical Neuropsychology fellows receive training relevant to their specialization: (required courses denoted by H = Health and N = Neuropsychology).

Anatomy & Physiology (HN)  
Neuroanatomy (NH)  
Pathophysiology (HN)  
Neurophysiology (N)  
Pharmacology (H)  
Neurochemistry (NH)  
Clinical Pharmacology Physical & lab assessment(H)  
Psychopharmacology Pharmacotherapeutics  
Special Issues in Pharmacology Ethics & Professional Issues  
Seminar on the Practical Applications of Clinical Pharmacology  
Psychopharmacology Practicum (8 hours per week, one-year long)

### **Ethics Seminar Series**

Fellowship Seminar and Director of Training Meeting (1 ½ hour per week)

1. Fellows participate in a yearlong Ethics Seminar Series. The seminar focuses on ethical practice and ethical conflicts in psychology. The seminar is conducted as an interactive discussion of relevant topics, and Fellows are encouraged to think critically about ethical challenges and reflect on their own practices from an ethical standpoint. Although the Director of Training of TAMC's Fellowship Training Programs has overall responsibility for the seminar, the fellows are also involved in conducting presentations during this seminar.
2. Fellows also participate in a cultural diversity seminar series in which various topics are discussed, including diverse ethnic and cultural groups, sexual orientation, disabilities, and military culture and considerations when planning interventions and assessment strategies. Along with the Director of Training, the Fellows are responsible for conducting presentations during this seminar.
3. Fellows also participate in a supervision and program development and evaluation seminar.
4. Further, fellows will also participate in weekly didactic seminars in each respective Specialty Practice Area (refer to specialty handbooks).
5. Finally, each fellow will participate in case conferences with each Specialty Practice Area.

### **SELECTION PROCEDURES**

1. The selection procedures of military fellows and civilian fellows differ. The TAMC Department of Psychology Fellowship Training Programs do not have direct input in the selection of military fellows.

a. Entry criteria for military fellow: Applications for the Specialty Practice Areas are accepted from active duty United States Army clinical psychologists. Entry into the Specialty Practice Areas is based upon completion of an APA or Canadian Psychological Association accredited doctoral education and training program in clinical or counseling psychology or program that is acceptable to the Army Surgeon General. Fellows will also have successfully completed an APA or CPA accredited internship or a program

acceptable to the Surgeon General of the Army. In all cases, candidacy for postdoctoral training in each Specialty Practice Area must be based on demonstration of skills as a health services provider, and an interest in and capacity for the Specialty Practice Areas. Applicants to the fellowship must possess an unrestricted license to practice psychology in one of the 50 states or the District of Columbia, must possess the 73B Specialty Skills Indicator (Clinical/Counseling Psychologist), and must meet other requirements for selection as determined by the Army Medical Department (AMEDD) Long Term Health Education and Training (LTHET) program based upon the discretion and guidance of the Psychology Consultant to the United States Army Surgeon General. Most active duty Clinical Psychologists have an average of six years of independent practice. United States Army 73B psychologists interested in applying for the fellowship should obtain the most up to date instructions for application from the Long Term Health and Education Training Program (LTHET), Medical Service Corps, United States Army. There are internet links to this LTHET information through the Army Medical Service Corps web page and the Army Knowledge Online Clinical Psychology (73B) web page. Deadline for application is currently May 1, but applicants should consult LTHET as application processes may change from year to year. The fellowship will ordinarily begin on September 1 of the following year, but alternative starting dates may be possible to negotiate with the overall Director of Training (DOT) Fellowships Training Programs and the United States Army Psychology Consultant on an individual basis, depending on the unique circumstances of the fellow and the need of the Army. The application packet currently includes: DA Form 3838 Application for Professional Training, Commanders Height/Weight/Body Fat Standards and Army Physical Fitness Test Memorandum, undergraduate and graduate transcripts, a Department of the Army photograph online, a Memorandum of Recommendation from the Psychology Consultant to the United States Army Surgeon General, and an up to date Officer Record Brief/Official Military Record File on-line. A Selection Board comprised of senior United States Army Medical Service Corps officers (usually including one psychologist) meets on or about the month following the application deadline. Acceptance decisions are announced 60 to 90 days afterwards.

b. Entry criteria for civilian fellows: Clinical and counseling psychologists are eligible to apply to one Specialty Practice Area if they have completed a doctoral degree (Ph.D. or Psy.D.) and psychology internship from APA-accredited programs or programs acceptable by the United States Army Surgeon General (Clinical Neuropsychology Specialty Practice Area is only accepting military applicants). Applicants who have completed all academic requirements but do not yet have a doctoral diploma must submit a letter from the director of graduate studies verifying the completion of all degree requirements. Persons with a Ph.D. in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible. Applicants must be U.S. citizens. As an equal opportunity training program, the fellowship strongly encourages applications from all qualified candidates, regardless of racial, ethnic, sexual orientation, disability or other minority status.

2. The deadline for application is February 1, 2011. Tripler Army Medical Center is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis, including race, gender, age, religion, national origin, disability, sexual orientation, ancestry, or prior belief or activity. Our policy is to select the best-qualified persons on the basis of ability, experience, education, and training, as related to the requirements of the specific position for which the applicant is being considered. The Department of Psychology is committed to providing access for all people with disabilities and will provide accommodations if notified within one week from interview by contacting the Director of Training at [TAMC.PHFellowshipDir@amedd.army.mil](mailto:TAMC.PHFellowshipDir@amedd.army.mil).

### **SPECIALTY PRACTICE AREAS**

In addition to the core curriculum, there are multiple training experiences shared by fellows within a common specialty-training specialty practice area. These may include university courses, seminars, workshops, case conferences, and clinic and treatment experiences as indicated below.

#### **Clinical Child Psychology Specialty Training Practice Area**

The Child Psychology Specialty area's postdoctoral training is consistent with the Guidelines and Principles Accreditation of Postdoctoral Training Programs in Clinical Child Psychology (CCSPPP) Division 53 Task Force) and the Model for Training Psychologists to Provide Services for Children &

Adolescents (Robert et. al 1998). A Practitioner-Scholar model guides the Clinical Child Psychology Specialty area at TAMC Army Medical Center, with an emphasis on clinical practice that is validated by empirical research.

The Clinical Child Psychology Specialty Practice Area prepares post-doctoral level psychologists pursuing careers in Clinical Child Psychology (in military and civilian settings) to make significant, scholarly and advanced professional contributions in the areas of clinical services, research, and/or teaching activities through providing a comprehensive, intensive two-year scholar practitioner model program in the specialty area of Clinical Child Psychology.

The goal of the specialty fellowship is to prepare Clinical Child Psychologists, using a scholar-practitioner model, to pursue careers in Clinical Child Psychology and to make significant contributions to the field of Clinical Child Psychology through delivery of clinical service, program development, research, consultation, or teaching-training activities.

**Service Recipient Populations:** Clinical Child Psychology Fellows work in a variety of settings, depending on their training interests: (1) Child and Family Psychology Clinic; (2) Pediatrics Clinic; (3) School Setting; (4) rural Community Health Center (CHC). The Child and Family Psychology Clinic provides services to children, adolescents and their families with a wide range of disorders and from different ethnic/cultural and diverse backgrounds. Fellows are trained to evaluate and treat youth with Autism, Asperger's Disorder, Mental Retardation, and Tourette's Disorder; Learning and Language disorders; Attention Deficit/Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, and other Disruptive Behavior Disorders; Major Depression; Bipolar Disorder, other Mood Disorders; the entire range of Anxiety Disorders; Adjustment Disorders; and Attachment Disorders. Fellows may also work with children presenting with comorbid conditions such as alcohol or substance abuse, physical or sexual abuse, bereavement/loss issues, medical disorders, family problems and unique military stressors (e.g. deployment stress).

Children with a variety of medical conditions are treated along with their families as needed. Such conditions include obesity, pediatric headaches, diabetes, cystic fibrosis, irritable bowel syndrome, enuresis, encopresis, failure to thrive, functional abdominal pain, and cancer. Treatment of such cases occurs in the Pediatric Clinic, the Pediatric Ward and the Intensive Care Unit. Children seen in the schools tend to have disruptive behavior disorders and/or academic problems, although mood, anxiety, social, and family problems are also common.

The primary treatment population at TAMC consists of military dependents who represent a broad range of cultures and ethnicities: Caucasian, African-American, Pacific Islander, Asian, Hispanic, Filipino, and a multitude of mixed races and ethnicities are included in the catchment area of TAMC. TAMC also offers medical care to a minority of nonmilitary patients through the Pacific Island Project, which targets residents of smaller nations throughout the Pacific. TAMC is the tertiary care center for the Pacific Region; as such, some patients are medically evacuated from remote sites including Okinawa and Japan. Therefore, fellows are exposed to a rich mix of cultures, ethnicities and individual differences.

Approximately 600 youth are referred to the Child and Family Clinic, ranging in age from 1-18 and representing a racially diverse population. Approximately 8,000 children are empanelled in the pediatrics clinic (from a catchment area that serves a total of 45,000 children). Some 80% are in the 0-11 age range and 52% are male. The school population tends to be relatively low income (53% qualify for free or reduced lunch), racially diverse (White=44%, Black=24%, Hispanic=11%, other=9%, Filipino=5%), and equally split by gender (50% male, 49% female). The Clinical Child Fellows also have the opportunity of working at Community Health Centers in Hawaii. The Community Health Centers provide medical and behavioral health care for medically underserved, uninsured, low income, and local populations. Around 60% of patients are Native Hawaiian, with the remainder of Polynesian, Asian, African or European descent. Patient characteristics at all settings are extremely diverse in presenting problems, ethnic background, socioeconomic status, disability, and sexual orientation.

**Training Experiences Offered in Settings.** Overall, fellows gain experience evaluating and treating children and adolescents from infancy to late adolescence with a wide variety of medical and psychological conditions. Fellows are trained to conduct different types of evaluations depending on the setting. In the pediatric clinic, fellows perform rapid assessments using a variety of evaluation methods. In the schools, fellows perform mental health and academic screenings as well as behavioral observations and consultation with teachers and parents. In the outpatient clinic, fellows perform more detailed diagnostic evaluations (which may include psychometric testing) that result in a more in-depth case formulation and treatment plan. They are additionally provided with opportunities to train and supervise student trainees, facilitate and lead clinical projects, and become involved in multidisciplinary treatment functions.

Fellows are required to participate in research activities by developing their own projects, participating in ongoing research, and presenting their research both at Tripler and at professional meetings. They perform research in all settings, depending on the requirements of the specific project. Fellows can participate in optional mini rotation with our Staff Research Psychologist. During this rotation, the fellows have the opportunity to work on their own individual research project, to participate in ongoing departmental research projects, or gain experience in the Department of Psychology programmatic evaluation process.

Training Positions Available: Two positions are available per training year.  
Please contact [TAMC.PHFellowshipDir@amedd.army.mil](mailto:TAMC.PHFellowshipDir@amedd.army.mil) for a copy of the Clinical Child Psychology Postdoctoral Training Handbook.

### **Clinical Health Psychology Specialty Practice Area**

The Clinical Health Psychology Specialty follows the specific postdoctoral education and training guideline depicted in the 2007 American Psychological Association Division 38 (Health Psychology) sponsored summit meeting revisiting the standards training in clinical health psychology (France et. al, 2008) and the CRSPPP.

The mission of the Clinical Health Psychology postdoctoral training program is to provide a Comprehensive and intensive two-year training program in the specialty area of Clinical Health Psychology in preparation to work in diverse health settings in military and civilian settings. Emphasis will be placed on a practitioner-scholar model that is both programmatic and competency based.

At the center of clinical health fellowship training is a set of core competencies and the biopsychosocial model. It is through the establishment of those competencies and application of the model that the fellow is able to be successful in diverse environments of health psychology. Clinical psychopharmacology training, particularly the foundational courses, provides an introduction and review of physiology, pathophysiology, and pharmacology necessary to work closely with patients and other medical providers in a health setting. These courses are taken through Argosy University in Honolulu. Each of the training settings and rotations offers both unique training opportunities (patient type, and setting) as well the opportunity to first establish the core skills and then refine the skills while using the biopsychosocial model. Furthermore, the habit of lifelong learning is instilled in fellows in the field of health psychology.

The fellowship is comprised of three major rotations with correspondingly aligned minor rotations. The major rotations are: LEAN Healthy Lifestyle Program, the Chronic Pain Rehabilitation Program Behavioral Medicine and Primary Care. The aligned minor rotations are located outside of the Department of Psychology and are: Endocrinology, Oncology, and Cardiology. Additional elective training experiences can be coordinated within the TAMC system. Primary Care settings include primary care settings in TAMC as well as community health centers in the state of Hawaii. These community health centers care for underserved populations in the state. This program underscores a TAMC commitment to a larger community.

Training Positions available: Two positions are available every year.  
Please contact [TAMC.PHFellowshipDir@amedd.army.mil](mailto:TAMC.PHFellowshipDir@amedd.army.mil) for a copy of the Clinical Health Psychology Postdoctoral Training Handbook.

### **Clinical Neuropsychology Specialty Practice Area**

The mission of the Postdoctoral Fellowship Training Program in Clinical Neuropsychology at Tripler Army Medical Center (TAMC) is to provide advanced training in the specialty area of Clinical Neuropsychology in the application of knowledge of brain-behavior relationships for the benefit of patients suffering from disorder, disease, or injury to the central nervous system. The training and program standards of the Postdoctoral Fellowship Training Program are designed to fulfill criteria designated by the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (Hannay et al., 1998) and prepares Fellows for independent practice in the specialty and eventual board certification in Clinical Neuropsychology through the American Board of Clinical Neuropsychology in conjunction with the American Board of Professional Psychology. This specialty area complies with the training guidelines of Division 40 of the American Psychological Association.

Fellows obtain experience and develop a high level of professional expertise in the conduct of clinical neuropsychological evaluations, in differential diagnosis, clinical interviewing and in case formulation based on contemporary clinical practice. Fellows develop a philosophy of neuropsychological assessment, brain organization, and professional ethics and develop professional consultation skills and the ability to provide lectures and information on neuropsychological issues. Fellows obtain skills in treatment intervention, consultation, and supervision of junior trainees, providing input in the development of training curriculum for those trainees. Fellows become highly competent and capable of independent and systematic neuropsychological research.

The Clinical Neuropsychology Fellowship Program extends over 24 months/3840 hours and is structured to ensure the development of advanced professional and technical expertise in the practice of Clinical Neuropsychology of each Fellow based upon sound scientific and professional practice foundations. Fellows are expected to attain the knowledge required for advanced training in Clinical Neuropsychology.

Weekly inter-institutional seminars and case conferences are provided via video-teleconferencing with Fellowship sites in Washington D.C. and with neuropsychology services in other areas of the country. Course work in neuroanatomy and neurochemistry is required and included as part of the psychopharmacology training. Neuropathology involving brain cuttings may be attended, if available. Clinical training interfaces with multiple disciplines including neurology, psychiatry, social work, speech pathology and other specialty areas. The Fellows may attend rounds in neurology, neurosurgery and neuroradiology, if these are available. Fellows may be asked at times to teach seminars to other disciplines and medical residents on topics of neuropsychological assessment, fostering interdisciplinary awareness.

The Neuropsychology Service is staffed with two neuropsychologists who are board-certified in Clinical Neuropsychology through the American Board of Clinical Neuropsychology, a board-eligible neuropsychologist, two full time psychometrists, and clerical support. The Neuropsychology Service serves recipient young adult to geriatric populations. Diversity is represented within each of the populations, including ethnicity, race, gender and SES level. The population served at TAMC is very ethnically diverse, reflective of both the traditional military and local populations. The Clinical Neuropsychology Fellowship Program is structured to ensure the development of advanced professional and technical expertise in the practice of Clinical Neuropsychology of each Fellow based upon sound scientific and professional practice foundations.

The following are integral to the achievement of this goal:

The primary training method is supervised service delivery with direct patient care. However, Fellows' service delivery activities are intended to be primarily learning oriented and training considerations are given precedence over service delivery and revenue generation. Each Fellow receives at least four hours



of training per week, with a minimum of at least 2 hours involving individual, face-to-face supervision. In addition, Fellows have access to supervisor consultation and intervention as needed.

Educational and training activities also comprise a large portion of the Fellow's training and are designed to be cumulative, graduated in complexity and structured (See specialty handbook for a listing of educational and training activities and for a list of required and suggested readings). Training Positions available: One position is available every year. **Currently, the program is only accepting military applicants.**

Military applicants contact **TAMC.PHFellowshipDir@amedd.army.mil** for a copy of the Clinical Neuropsychology Postdoctoral Training Handbook

## **PROGRAM FACULTY**

The fellowship faculty consists of military and civilian licensed psychologists assigned to Tripler Army Medical Center. Additional training and supervisory experiences may be provided by other psychologists within the Department of Psychology, by other licensed psychologists, and by other health care professionals on a contractual basis as appropriate. **FellowshipDir@amedd.army.mil**

The Fellowship Faculty Committee meets weekly to discuss faculty and training concerns. The Committee provides guidance, planning, and ongoing evaluation of the program and assists in formulating policy and designing the curriculum.

Membership of the Fellowship Faculty Committee consists of 1) The overall Director of Training (DOT) for TAMC Postdoctoral Fellowship Training Programs, 2) Chief, Department of Psychology, 3) Specialty Practice Area training directors and 4) faculty advisors. Other individuals substantially involved in training residents may be invited to attend the meetings when appropriate. A fellow representative attends all training committee meetings.

Names of faculty and their professional interests will be provided by contacting the overall DOT of TAMC Postdoctoral Fellowship Training Programs (**TAMC.PHFellowshipDir@amedd.army.mil**).

## **SUPERVISION**

Our fellows receive four hours of regularly scheduled supervision with a minimum of two hours of face-to-face individual supervision per week by licensed psychologists, depending on the specialty area. In addition, they attend the Specialty Training Specialty Practice Area didactic weekly conferences and other training experiences as available (Distinguished Visitors Professors). Fellows also receive one or more hours of group supervision per week depending on the specialty. Supervisors review clinical charts, observe sessions via video or telehealth hookups, and may join fellows during clinical work on occasion as part of the supervision process. As fellows rotate through specialty medical clinics, they are supervised by clinic staff. Supervision is scheduled in one-hour increments and is monitored by the Specialty Practice Area Training Director for attendance and punctuality. Through work with multiple role models, postdoctoral fellows gain an appreciation for differing perspectives and professional styles of functioning.

In addition to formal and informal supervision experiences, fellows participate in 8 or more hours of structured learning activities per week, dependent on the week and the specialty Practice Area the fellow is pursuing. These activities are listed for the specialty Practice Areas fellow handbooks.

Each fellow has one primary supervisor for their specialty Practice Area training and is supervised by at least one additional psychologist from their Specialty Practice Area during their fellowship experience. They may also have additional psychologist supervisors depending on the Specialty Practice Area and the interests of the fellows. As noted previously, fellows may also have non-psychologist clinical supervisors as they rotate through medical clinics. Supervisors are also generally available for ad hoc consultations as the need arises. The appropriate supervising psychologist has responsibility for the clinical services provided by each fellow while at the same time working to facilitate the growth of the



fellow's professional responsibility. Ultimately, the director of the specialty Practice Area training and the director of integrated practice fellowship training program are responsible for the services provided by the fellow.

Provisions are made for emergency consultation and assistance in crisis intervention. This assistance is available from supervising faculty psychologists. All supervisors have email, voice mail and are required to carry pagers. Thus, they are accessible during clinic hours to fellows. In each specialty training area, at least one faculty member is available by page during clinic hours for the purpose of emergency consultation and intervention. Since TAMC is a military facility, accountability exceeds most standards. All supervisors are required to discuss emergency procedures with their staff and all persons in training.

## **EVALUATION OF FELLOW PERFORMANCE**

Postdoctoral fellows are formally evaluated either twice a year, except Clinical Health Fellows who are evaluated on a trimester schedule, that coincides with each of their 6 rotations. They receive written evaluations (see Specialty Practice Area Handbooks) from each supervisor they work with during the quarter, reviewing each training competencies, as well as indicating strengths and weaknesses in clinical and academic areas, and goals for further training. The specialty area director of training discusses the evaluations and training goals with the postdoctoral fellow. This discussion forms the basis for considering changes in training goals or activities. A summary of this evaluation is documented and signed by both the Specialty Practice Area Director of Training and the fellow. If desired, a fellow may attach his/her own written addendum to the evaluation for the faculty and overall Director of Training for Fellowship Postdoctoral Training Programs to review. All evaluation forms are then forwarded, with written notes concerning training goals, to the Director of Training for Fellowship Postdoctoral Training Programs. Fellows are also asked to complete an evaluation of their experience during the rotation.

Evaluation of a fellow's performance is an ongoing process. Scheduled evaluations are not meant to preclude giving the fellow feedback at any time throughout the training program. The progress of all fellows is regularly reviewed at the bimonthly faculty meeting. Evaluation methods and data used by the Fellowship Faculty to assess the fellows' attainment of the advanced knowledge, skills and abilities specified in the competency lists for each specialty area include: their attendance and participation at seminars, workshops and conferences, direct observation of assessment and treatment skills, written work samples, feedback from supervisors, didactic presentations given by the fellows, and daily interaction with patients and colleagues.

## **INSUFFICIENT PROGRESS AND PROBATION**

If a supervisor has a concern about the performance of a postdoctoral fellow, the concern is initially raised with the Director of Training in the specialty area. The Director of Training will ask the supervisor to document the concern and discuss it with the fellow in question in order to seek clarification of the behavior of concern and attempt to resolve the problem informally. If after discussion with the fellow the supervisor feels the matter remains a significant concern, the supervisor will bring the matter to the Director of Specialty Training and the Director of Fellowship Training Programs. The matter will be presented to the Department of Psychology Faculty and a decision will be made on an appropriate remedy for the concern. Policies regarding corrective actions are detailed in the Fellowship SOP.

**Problem Notification:** If a fellow is deemed to be making insufficient progress or becomes involved in a disciplinary matter, several courses of action may be initiated. These include: development of a remediation plan; Departmental Probation; Suspension from Training; Hospital Probation; and Termination from Training. Any such action will be presented to and approved by the Department of Psychology Faculty and, for Hospital Probation, Suspension, or Termination, the Hospital Education Committee, in that order, prior to implementation. In each action, the fellow is given advance notification of proposed actions and has the opportunity to submit written statements or appear before the decision-making bodies to present his/her case.

The steps involved in remediation follow. If a determination of insufficient progress is made, the

faculty devises a written plan of remediation. The fellow's feedback is considered in developing the remediation plan and he/she is directed to comply with the final plan. This remediation plan is aimed at removing the identified deficiencies and achieving needed competencies. It may consist of increased training requirements, professional reading, expanded clinical activities, repeating a quarter, extending the length of the fellowship, or other appropriate remedies. The plan will normally provide for increased supervision and designate a specific time for evaluation of progress. The plan will also state how the evaluation of progress will be conducted. Following this evaluation, the Director of Fellowship Training Programs may remove the designation of insufficient progress, retain it and direct that the remedial plan be continued as written, or retain it and revise the remedial plan to better address the fellow's deficiencies. In making the decision to remove a fellow from the status of insufficient progress, the Director of Fellowship Training Programs will consider input from other faculty members and the fellow.

All actions pertaining to remediation (formal) will be presented to and approved by the Department of Psychology Fellowship Training Committee and the Hospital Education Committee (in cases of hospital level probation or suspension) prior to implementation. Departmental Probation is a period of time during which a fellow is formally evaluated within the Department. The final determination on this issue is made by the Director of Fellowship Training Programs based on faculty input and may be appealed by the fellow to the Chief, Department of Psychology. The Tripler Army Medical Center (TAMC) Hospital Medical Education Committee is informed of all major decisions and actions affecting the training of residents. The Chief, Department of Psychology may recommend through the Department of Health Education and training (DOHET) to the Hospital Education Committee that the fellow be suspended from training, placed on hospital probation or terminated from training.

**Suspension from training** is sought when there is sufficient reason to believe that the fellow has engaged in conduct for which suspension from training may be appropriate. A special meeting of the Health Education Committee (Graduate Medical Education Sub-Committee) is convened where all persons with first hand knowledge of the incident in question are asked to attend in order to provide information as appropriate. If the committee concludes that a suspension from training is warranted, the Hospital Commander is consulted for approval or disapproval of the recommendations. If the suspension is approved, a written notification is presented to the fellow, which clearly states the reason for and effective date of the suspension. The fellow will then have 3 working days to petition in writing for the opportunity to submit written information and/or appear in person before a hearing committee comprised of members of the Hospital Education Committee. A copy of the hearing committee minutes and vote is given to the Hospital Commander for approval or disapproval. The fellow will then be notified of the Commander's decision to uphold or retract the suspension. The length of the suspension will be determined by the time required to investigate and/or adjudicate the fellow's conduct.

**Hospital Probation** is requested by the Chief, Department of Psychology through the DOHET to the Hospital Education Committee. The DOHET notifies the fellow in writing of the request for probation with a clear delineation of the Department Chief's concerns regarding the fellow's performance and the requirements for remediation. The fellow has 3 working days to request the opportunity to submit written testimony or appear in person before the Hospital Education Committee (Graduate Medical Education Sub-Committee). This Committee will forward their recommendation to the Hospital Commander for his/her approval/disapproval. The DOHET will then notify the fellow in writing of the outcome. If the fellow is placed on probation, the length of the probationary period and specific remediation criteria will be explicitly outlined. The probationary status will end when the Department Chief recommends to the Hospital Education Committee that the fellow's performance has returned to programmatic standards or the trainee voluntarily withdraws, or is terminated from training. Removal from probation or termination from training requires approval of the Hospital Education Committee.

**Termination from training** may be recommended by the Chief, Department of Psychology through the DOHET to the Hospital Education Committee. Again, the DOHET will notify the fellow in writing, which will clearly state the justification given by the Department Chief in his/her request. The fellow has 5 working days to petition for an opportunity to submit written information and/or appear in

person when the request for termination is presented to the members of the Hospital Education Committee. As a part of this due process proceeding, the DOHET will appoint a "neutral" practitioner to be present at the committee meeting and participate in the voting of the committee. Again, the committee's recommendation is forwarded to the Hospital Commander for his/her final decision. At the discretion of the Commanding General, TAMC, in consultation with the Clinical Psychology Consultant to the Surgeon General, U.S. Army, an independent review may be performed prior to final disposition of a termination decision.

**Resignation**, voluntary or in lieu of termination, is always the choice of the fellow at any point in the process described above.

## **FELLOW EVALUATION OF PROGRAM**

Fellow's views of the training experience and program are solicited continually using a number of different methods. For example, fellows are required to complete written evaluations on each of their clinical rotations (after each rotation) and supervisors (every six months). Fellows are also asked to provide a formal evaluation of the entire program, i.e., their core and specialty Practice Area experiences (every six months). This gives postdoctoral fellows an opportunity to report the extent to which the program is supportive, educational, and offers a range of appropriate training experiences. They also evaluate the extent to which the Postdoctoral Fellowship Seminars have appropriate content concerning professional development. Fellows complete anonymous faculty surveys in order to provide unbiased feedback on teaching and supervision experiences to the training faculty. On a weekly basis, following the fellowship seminar/case conference, the Director of Fellowship Training Programs meets with the group of fellows and provides information relevant to their training, as well as solicits feedback/input from them regarding their training experiences. The DOT solicits input from postdoctoral fellows concerning program policies, curriculum matters, evaluation methods, invited speakers, or other training program issues. This also enables an informal discussion about any issues of concern to postdoctoral fellows, and an opportunity to "check-in" on fellows' shared and unique training experiences. Input and feedback from fellows is shared with the department chief as necessary and carefully considered by the fellowship training committee in planning and developing the fellowship training program.

## **GRIEVANCE PROCEDURES**

### **Fellow Conflicts and Grievance Procedures**

**A. COMPLAINTS AND GRIEVANCES RELATED TO TRAINING.** Tripler Army Medical Center Clinical Psychology Fellowship Program is committed to providing fellows with a fair and effective learning environment. All policies, procedures, education, training, and socialization experiences are expected to uphold the values of mutual respect and courtesy between fellows and training staff. If a fellow believes that he/she is being treated unfairly, or that a faculty member is violating applicable APA ethical codes of conduct related to student-faculty relationships, he/she should seek resolution of the problem by following the listed procedures:

1. When a fellow has a grievance with a faculty member or supervisor, the fellow should initially attempt to resolve the issue with the faculty member or supervisor concerned.
2. If the fellow cannot resolve the grievance with the faculty member or supervisor, the matter should be brought to the attention of the DOT of the respective Specialty Training area. The DOT reviews the problem with the fellow and appropriate faculty member to attempt to resolve the grievance informally. If the fellow has a grievance against the DOT of a Specialty area and is unable to satisfactorily resolve the issue with the DOT, the fellow may speak the Director of Fellowship Training Programs. If the issue is with the DOT of Integrated Practice Program, he or she can bring the issue to the Chief, Department of Psychology.
3. If the grievance cannot be resolved informally, the DOTs, or the Chief, Department of Psychology reviews the grievance with the faculty at the next faculty meeting or within 7 working days, whichever is sooner. The Chief, Department of Psychology, in consultation with the faculty, make recommendations for resolving the grievance. These recommendations are discussed with the fellow.

4. If the fellow wishes to formally challenge a probationary action or training decision, the following grievance process and timeline will be initiated:

**a. Departmental Remediation or Other Intra-Departmental Decision:**

1. The fellow must, within five (5) workdays of receipt of the contested decision, inform the DOT, in writing, of such a challenge. When a challenge is made, the fellow must provide the DOT information supporting the fellow's position or concern.
2. Within three (3) workdays of receipt of this notification, the DOT of Specialty area and Director of Fellowship Training Programs will consult with the Chief, Department of Psychology. The Chief will initiate a review panel. The panel will consist of three faculty members selected by the Chief.
3. Within five (5) workdays, a hearing will be conducted in which the challenge is heard and relevant material presented. The fellow has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. Within three (3) workdays of the completion of the review, the review panel submits a written report to the Chief, including any recommendations for further action. Recommendations are based on faculty majority vote.
4. Within three (3) workdays of receipt of the recommendation, the Chief will either accept or reject the review panel's recommendations. If the Chief rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Chief may refer the matter back to the review panel for further deliberation and revised recommendations or may make a final decision.
5. If referred back to the panel, they will report back to the Chief within five (5) workdays of the receipt of the Chief's request of further deliberation. The Chief makes a final decision within three (3) workdays regarding the action that is to be taken. The DOT informs the fellow and the faculty of the decisions made.

**B. COMPLAINTS AND GRIEVANCES NOT RELATED TO TRAINING.** This includes pay and personnel issues, sexual harassment, discrimination, etc.

1. Fellows are encouraged to first discuss any issue with the DOT or Chief. Issues can best be resolved at this level and every effort will be made to affect a mutually agreeable solution.
2. If the fellow is unable, for whatever reason, to resolve the grievance through the chain of supervision, he/she is encouraged to seek assistance through one or more of the individuals listed below, depending on the nature of the complaint.
  - TAMC Chaplain, 433-5727
  - TAMC Equal Opportunity Advisor, 433-5813
  - TAMC Inspector General (IG), 433-6619
  - TAMC Staff Judge Advocate (SJA), 433-5311
  - TAMC Military Personnel Officer, 433-9163
  - TAMC Provost Marshall, 433-6671
  - TAMC Student Company Commander, 433-1243

**DISCIPLINARY MATTERS AND INSUFFICIENT PROGRESS**

A. Definitions:

1. **A disciplinary matter** is an act or pattern of acts which demonstrates failure to adhere to known training requirements, negligence in patient care, professional ethical violations, willful misconduct, or failure to adhere to the standards of quality care demanded by this Fellowship Program, TAMC, or any portion of the Army Medical Department (AMEDD).
  2. **Insufficient progress** means failure to master a substantial portion (or fundamental area) of the psychological concepts and clinical skills appropriate to a certain level of training as determined by fellowship faculty, or failure to complete rotation requirements. Determination of deficiencies is based on fellow progress evaluations, other available objective documentation, and/ or direct clinical and supervisory observation.
- B. Procedures: When the DOT of Specialty area, with faculty input, believes the fellow is failing to show the expected level of performance and professional development, or is engaging in inappropriate behavior, and provides sufficient documentation to demonstrate the need for remediation, the following steps will be taken:

1. **Verbal Counseling:** Verbal counseling to the fellow emphasizes the need to discontinue the inappropriate action or informs the fellow of relative professional weakness. A memorandum for the record is kept by the DOT until the fellow graduates.

2. **Written Counseling Statement:** A written counseling statement to the fellow indicates the need to discontinue an inappropriate behavior or improve performance. At the discretion of the DOT, this written statement may be removed from their record with sufficient progress established. Supervisors and other faculty will participate to assist the fellow in meeting these goals. The DOT will prepare a memorandum that will contain:

- a. A description of the fellow's unsatisfactory performance;
- b. Actions needed by the fellow to correct the unsatisfactory performance;
- c. The time line for correcting the problem;
- d. What action will be taken if the problem is not corrected (probably Departmental Probation); and
- e. Notification that the fellow has the right to request a review of this action (see Grievance procedures below; Section A; 5a)

3. **Departmental Level Remediation or other Intra-Departmental Decision:** This action allows for correction of deficiencies without probation. The DOT informs the DME of this action in writing before initiation; however, it is not considered to be adverse. No formal presentation to the GMEC is required. Such remediation may not exceed 60 days nor be extended or repeated. This level of remediation must precede placement of the fellow on probation except in cases of gross negligence or willful misconduct, as the DOT judges. Incidents involving fellows alleged to have committed acts of gross negligence or willful misconduct are referred immediately to the DME.

- a. Rotational supervisors and/or the DOT will identify fellows whose academic or professional performance fails to meet expected standards of knowledge, skills, attitudes, and behaviors.
- b. The rotational supervisor, with the approval of the DOT, will provide the fellow with clear written documentation to include the following:

1. A description of specific deficiencies in performance.
2. The method/methods to use to improve these deficiencies.
3. A list of objective measures, which must be achieved to be removed from remediation.
4. Any restrictions or conditions placed on the fellow during remediation.
5. A time frame for documentation of improvement not to exceed 60 days.

c. The rotational supervisor and the DOT ensure that the fellow understands the deficiencies as well as requirements for improvement and is offered counseling and assistance to help them.

d. The rotational supervisor and fellow follow the remediation plan until the remediation is successfully completed or the fellow fails to meet the remediation standards within the 60 day standards.

e. The fellow is offered the opportunity to sign a statement acknowledging placement on program level remediation. The signed statement is maintained in the fellow's training file.

4. **Hospital Administrative Remediation (HAR):**

a. When a military fellow persistently fails to meet military requirements or when any fellow continues to have academic and/or other deficiencies that have not been corrected through program level remediation, but do not yet warrant GMEC approved probation, the DOT can request Hospital Administrative Remediation. In this case, the DME reviews the DOT's remediation proposal for approval. The DME may opt to refer the request to the GMEC.

b. Hospital Administrative Remediation is generally for a period of three months or less. When the fellow completes the administrative requirement or meets academic standards, s/he is returned to normal training status and his/her training record is expunged.

c. If the fellow fails to meet the remediation requirement in the allotted time, the fellow is considered for an extension of the Hospital Administrative Remediation if s/he is making a good faith effort to complete the requirement but has not been successful due to factors beyond his/her control. If the fellow is not making a good faith effort to complete the requirement at three months or has been unable to complete the requirement after one extension, s/he is referred to the GMEC for consideration of probation, extension of training or dismissal.

5. **Probation:** If the fellow continues to demonstrate insufficient progress, the DOT and Chief, with input from the faculty, recommend to the GMEC that the fellow be placed on Probation. This is a written request with supporting documents that delineate the specific areas of deficiency requiring remediation. Probation indicates serious concerns regarding the fellow's knowledge and skills. Probation implies that the fellow's performance is unsatisfactory to the degree that it might endanger his/her continuation in the

program. Remediation usually, but not always, precedes probation. A DOT may propose probation after a period of Program Level Remediation, Hospital Administrative Remediation, or after a single incident of gross negligence or willful misconduct. Probation is a period of supervision initiated to assist the fellow in understanding and correcting significant specific deficits in knowledge, skills or attitudes/behaviors. The GMEC approves, ends or extended Probation. Probation may end in return to full training status with or without an extension of training, withdrawal or dismissal.

a. The DOT's proposal for probation may be based upon one or more of the following:

1. Documented failure to meet academic or technical performance standards of the program.
2. Lack of endeavor in the training program.
3. Lack of application of the fellow's knowledge or skills.
4. Unprofessional conduct (clinical and/or military/civil).
5. Documented failure to correct deficiencies despite counseling.
6. Documented regression or failure to progress after removal from probation despite counseling.
7. Disciplinary problems.
8. Substance abuse (in accordance with applicable Service regulations).
9. Failure to maintain compliance with weight or physical fitness requirements.
10. An incident of gross negligence or willful misconduct, including a violation of the UCMJ.
11. Other circumstances the DOT deems significant.

b. In order for a fellow to be placed on probation, the DOT must notify the fellow in writing that a proposal for probation is being considered. The notification must include specific reasons for the proposed action and a copy of this institutional policy on due process. The fellow is given a minimum of five working days to submit a written response and meet with the DOT. A record of the notification including a requested signed acknowledgment of receipt of a copy of the proposed probation is maintained in the fellow's training file. (Responsibility: DOT.)

c. If the DOT's decision is to proceed with the probation, the request must be submitted to the DME with a copy given to the fellow. (Responsibility: DOT.)

The request includes the following:

1. Specific reasons for the proposed probation.
2. Performance plan which identifies the steps for improvement during probation.
3. Measurable endpoints for successful completion of the probation.
4. Recommended duration of probation.
5. The notification to the fellow proposing probation.
6. The fellow's response (if any) to the probation proposal.
7. Academic file.
8. Documentation of all previous counseling.
9. Results of program level remediation (if applicable).

d. Upon receipt of the DOT's request for probation, the DME convenes a probation hearing and informs the DOT of the date and time within two working days. A hearing to address a probation request must be at least 10 working days after the fellow is notified of the decision to refer the matter for a hearing. The regularly scheduled meeting of the GMEC may serve as a probation hearing or a special meeting of the GMEC may be convened to address the probation request. (Responsibility: DME and TAMC GME Office.)

e. The DOT notifies the fellow when the probation hearing is scheduled within two working days following the DME's decision regarding the date and time.

The DOT also informs the fellow of her/ his rights regarding the hearing (Responsibility: DOT.)

A copy of the probation request is made available to members of the GMEC prior to and during the probation hearing. (Responsibility: TAMC GME Office.)

f. The fellow is encouraged to request a meeting with the DME prior to the probation hearing in order to clarify any issues concerning the hearing. The fellow is given the opportunity to appear before the GMEC. The fellow must provide the names of any accompanying legal advisors and witnesses and any supporting documentation for the hearing to the DME at least two working days before the hearing. (Responsibility: Fellow.)

g. The GMEC considers the request and all relevant information presented at the hearing and renders a decision. For the action to be approved, greater than 50% of the GMEC must vote in favor of probation. The DOT does not vote. The deliberations and voting occurs in closed session. All but the

GMEC voting committee members (or their designated representatives), DME, and recorder must leave the room. (Responsibility: GMEC.) The GMEC's decision is documented along with a summary of the proceedings and vote. These written records are kept confidential and maintained in the TAMC GME Office. (Responsibility: DME and TAMC GME Office.)

h. The DME will notify the fellow in writing within two working days of the GMEC's decision. If the decision is to place the fellow on probation, the notification also includes the fellow's right to appeal the decision to the TAMC Commander within five working days following the date the fellow receives the notification. The fellow is requested to sign and date the notification to acknowledge receipt. A copy of this notification and acknowledgment is maintained in the fellow's training file in the TAMC GME Office and Department of Psychology fellow training file. (Responsibility: DME and TAMC GME Office.)

If the GMEC votes to deny the recommendation, the DOT notifies the fellow of the GMEC's decision verbally. The DOT and the fellow meet with the DME to receive the GMEC's decision in writing, including a written plan of action. The DME documents the meeting and an acknowledgment of the meeting. The fellow signs and dates this document. The document is maintained in the fellow's training file and the TAMC GME Office. (Responsibility: DME and TAMC GME Office.)

i. The fellow may submit a one-time appeal of the probation decision through the DME to the TAMC Commander. (Responsibility: Fellow). The probation request and documentation of the GMEC proceedings and decision is submitted to the TAMC Commander for review. (Responsibility: DME and TAMC GME Office.)

j. Written notification of the decision regarding an appeal must be provided to the fellow within two working days following receipt of the appeal. (Responsibility: Commander, DME and TAMC GME Office.) The TAMC Commander's decision is final and according to current MEDCOM policy there is no right to appeal to the MEDCOM Directorate of Medical Education, the Medical Service Corps Chief, or The Surgeon General.

k. The period of probation will generally be at least 30 days and in all cases does not exceed 90 days. The GMEC may vote to extend the term of probation for a period not to exceed an additional 90 days on recommendation of the DOT. Fellows who fail to demonstrate adequate improvement after two consecutive periods of probation will generally be recommended for dismissal under due process procedures.

l. The DOT counsels the fellow on the terms and conditions of the probation. This session must be documented, and the fellow acknowledges these conditions through a signature. The DOT assigns a faculty advisor to assist the fellow in the improvement plan. (Responsibility: DOT.)

m. If appropriate, voluntary medical, psychological, or learning disability evaluations are offered to the fellow, at no cost to the fellow during the remediation or probation period. (Responsibility: DOT.)

n. Requests for medical evaluation outside the institution are reviewed on a case-by-case basis and honored on the basis of the merits of the request. The fellow is responsible for all costs associated with outside medical evaluations. (Responsibility: DOT and DME.)

o. The DOT submits a monthly written report to the GMEC regarding the fellow's performance during probation. A copy of this report is submitted to the DME and to the probated fellow no later than three working days prior to the next scheduled meeting of the GMEC. The fellow is requested to sign the report acknowledging receipt. (Responsibility: DOT.) The fellow may also submit written statements on his/her behalf to the GMEC. (Responsibility: Fellow.)

p. The DME notifies the MEDCOM Directorate of Medical Education, ATTN: DASG-PSZ-MG, in writing within five working days following the effective date of any military fellow placed on probation. The DOT notifies the Army Psychology Consultant (Responsibility: DME and TAMC GME Office.) The TAMC GME Office must notify the appropriate organization for any civilian fellows placed on probation in accordance with their military training agreements.

**6. Completion of Probation:** Probation may be ended under several conditions.

a. The DOT may determine the fellow's performance has improved and now meets the stated terms for successful remediation (all measurable endpoints have been achieved). The DOT may petition the GMEC to remove the fellow from probation. A simple majority vote (greater than 50%) of the GMEC voting members present) is needed to approve the recommendation and remove the fellow from probation.

b. The fellow may voluntarily resign from the program.

c. The fellow is dismissed from training.



**7. Dismissal from Training:** Dismissal from training is considered only after extensive and well documented efforts to remediate the fellow's deficiencies have failed. If the Fellowship Faculty Committee determines that a fellow does not possess the ability, knowledge base or character to successfully complete the training program in a reasonable period of time may make a recommendation to dismiss the fellow from the program. A recommendation for dismissal from training may also be made if a fellow commits a serious violation of professional ethics and if the Fellowship Faculty Committee believes the fellow does not possess the moral character necessary to become a professional psychologist or military officer. A two-thirds vote of the GMEC is required for dismissal. The guidelines for dismissal are as follows:

a. A recommendation for dismissal must be based upon one of the following:

1. Failure to satisfactorily progress toward correction of deficiencies while on probation.
2. Regression or failure to satisfactorily progress after removal from probation.
3. Any act of gross negligence or willful misconduct. This can include a pattern of past performance or a single act. Under these circumstances, the fellow may be placed on administrative duties and removed from patient care responsibilities until resolution of the dismissal process. Dismissal under these circumstances requires notification of the appropriate credentialing authority.

b. In order for a fellow to be dismissed from training, the DOT must notify the fellow in writing that dismissal is being considered. The notification must include specific reasons for the proposed action and a copy of the institutional policy on due process. The fellow is given a minimum of five working days to submit a written response and meet with the DOT. A record of the notification including a signed acknowledgment of receipt of a copy of the dismissal request must be maintained in the fellow's training file and a copy sent to the TAMC GME Office. (Responsibility: DOT.)

c. If the DOT's decision is to request dismissal, the request must be submitted to the DME immediately with a copy given to the fellow. (Responsibility: DOT.)

The request should include the following:

1. Specific reasons for the proposed dismissal.
2. A copy of the probation request, if applicable.
3. The notification to the fellow proposing dismissal.
4. The fellow's response (if any) to the dismissal proposal.
5. Academic file.
6. Documentation of all previous counseling.
7. Results of prior remediation or probation periods.

d. Upon receipt of the DOT's request for dismissal, the DME must determine whether to convene a dismissal hearing and inform the DOT of the date and time within two working days. A hearing to address a dismissal request must be at least 10 working days after the fellow is notified of the decision to refer the matter for a hearing. The regularly scheduled meeting of the GMEC may serve as a dismissal hearing or a special meeting of the GMEC may be convened to address the dismissal request. (Responsibility: DME and TAMC GME Office.)

e. If the decision is to refer the matter for a hearing, the DOT notifies the fellow when the dismissal hearing is scheduled within two working days following the DME's decision regarding the date and time. The DOT also informs the fellow of the fellow's rights regarding the hearing (Responsibility: DOT.)

A copy of the dismissal request is made available to members of the GMEC prior to and during the dismissal hearing. (Responsibility: TAMC GME Office.)

f. The fellow is encouraged to request a meeting with the DME prior to the dismissal hearing in order to clarify any issues concerning the hearing. The fellow is given the opportunity to appear before the GMEC. The fellow must provide the name of any accompanying legal advisors and witnesses and supply supporting documentation for the hearing to the DME at least two working days before the hearing. (Responsibility: Fellow.)

g. The GMEC considers the request and all relevant information presented at the hearing and renders a decision. For the action to be approved, greater than two-thirds of the GMEC must vote in favor of dismissal. The fellow's DOT does not vote. The deliberations and voting occurs in closed session. All but the GMEC voting committee members (or their designated representatives), DME, and recorder must leave the room. (Responsibility: GMEC).

The GMEC's decision is documented along with a summary of the proceedings and vote. These written records will be kept confidential and maintained in the TAMC GME Office. (Responsibility: DME and TAMC GME Office.)

h. The DME notifies the fellow in writing within two working days of the GMEC's decision. If the decision is to dismiss the fellow from training, the notification also includes the fellow's right to appeal the decision to the TAMC Commander within five working days following the date that the fellow receives the notification. The fellow is requested to sign and date the notification to acknowledge receipt. A copy of this notification and acknowledgment is maintained in the fellow's training file in the TAMC GME Office. (Responsibility: DME and TAMC GME Office.) If the GMEC votes to deny the recommendation, the DOT notifies the fellow of the GMEC's decision verbally. The DOT and the fellow meet with the DME to receive the GMEC's decision in writing and a written specific plan of action for the fellow since dismissal has been denied. The DME documents the meeting and request the fellow acknowledges the meeting through signature and date. The document is maintained in the fellow's training file and the TAMC GME Office. (Responsibility: DME and TAMC GME Office.)

i. The fellow may submit a one-time appeal of the dismissal decision through the DME to the TAMC Commander. (Responsibility: Fellow). The dismissal request and documentation of the GMEC proceedings and decision will be submitted to the TAMC Commander for review. (Responsibility: DME and TAMC GME Office.)

j. Written notification of the decision regarding an appeal must be provided to the fellow within two working days following receipt of the appeal. (Responsibility: TAMC Commander, DME and TAMC GME Office.) The TAMC Commander's decision is final and according to current MEDCOM policy there is no right to appeal to the MEDCOM Directorate of Medical Education, the Medical Service Corps Chief or The Surgeon General.

k. The DME will notify the MEDCOM Directorate of Medical Education, ATTN: DASG-PSZ-MG, in writing within five working days following the decision to dismiss any military fellow. (Responsibility: DME and TAMC GME Office.). The TAMC GME Office must notify the appropriate organization(s) for any civilian fellows who are dismissed in accordance with their training agreements.

**8. Administrative or Judicial Action:** If administrative or judicial action is initiated against a fellow, the DME evaluates available information to determine if a restriction, suspension, or dismissal action under this section is warranted. The MEDCOM Directorate of Medical Education, ATTN: DASG-PSZ-MG, must be notified within five working days after administrative or judicial action is initiated and when it is completed. (Responsibility: DME.)

**9. Restriction from Patient Care and Other Activities:** Fellows alleged to have committed acts of gross negligence or willful misconduct are referred immediately to the appropriate authorities for summary action and may be restricted pending investigation and resolution of all allegations. The length of restriction is determined by the time required to investigate/adjudicate the fellow's conduct.

a. A restriction is not an interruption in training and does not equate to a suspension from training. Fellows may not be restricted from any activities that could result in an interruption of training that could lead to an extension of training. Fellows may only be placed on restrictions that enable them to continue to receive credit for completing residency requirements. Fellows are referred for suspension if any restrictions would result not receiving full credit for completion of residency training requirements. Fellows whose restrictions can no longer be accommodated due to the length of time required to adjudicate the fellow's conduct will be referred for suspension.

b. The DOT, in consultation with the DME and other appropriate authorities, determine the clinical and administrative activities that the fellow may not participate in and provide the fellow with a written notification of the accompanying restrictions. The fellow shall acknowledge receipt by signing the notification. A copy of the written notification with the fellow's signed acknowledgement of receipt is given to the DME. The period of restriction ends when the DOT decides to either reinstate the trainee (without restrictions) or refer the situation to the GMEC or other appropriate authority for further action or recommendations.

c. Fellows may not appeal restrictions. A restriction is not considered an adverse action because the fellow's training is not being interrupted.

d. Fellows pending a suspension hearing may be restricted from specific activities. These restrictions will be outlined in the notification letter from the DOT informing the fellow that s/he is being considered for suspension.

**10. Suspension from Training:** A suspension is a stoppage of a fellow's formal training to allow time for the Command to adjudicate allegations of gross negligence or willful misconduct. When a DOT informs the DME, or the DME and/or other proper authority otherwise determines that there is sufficient reason to believe that a fellow has engaged in conduct for which suspension from training may be appropriate, the following steps will be taken:

a. In order for a fellow to be suspended from training, the DOT must notify the fellow in writing that suspension is being considered. The notification must include specific reasons for the proposed action, any accompanying restrictions, and a copy of the institutional policy on due process. The fellow will be given a maximum of one working day to submit a written response and meet with the DOT. A record of the notification including a signed acknowledgment of receipt of a copy of the suspension request must be maintained in the fellow's training file and a copy sent to the TAMC GME Office. (Responsibility: DOT.)

b. If the DOT's decision is to request suspension, the request must be submitted to the DME immediately with a copy given to the fellow.

(Responsibility: DOT.) The request should include the following:

1. The specific reasons for the proposed suspension.

2. The notification to the fellow proposing suspension.

3. The fellow's response (if any) to the suspension proposal.

4. Any documentation pertaining to the fellow's alleged conduct.

c. Upon receipt of the DOT's request for suspension, the DME must determine whether to convene a suspension hearing and inform the DOT of the date and time of the hearing within one working day.

(Responsibility: DME and TAMC GME Office.)

d. If the decision is to refer the matter for a hearing, the DOT will notify the fellow when the suspension hearing is scheduled within one working day following the DME's decision regarding the date and time.

The DOT will also inform the fellow of the fellow's rights regarding the hearing: (Responsibility: DOT.)

e. The DME convenes a special meeting of the GMEC as soon as feasible, but not earlier than three working days after the fellow is notified of the decision to refer the matter for a hearing. The regularly scheduled meeting of the GMEC may serve as a suspension hearing or a special meeting of the GMEC may be convened to address the suspension request. The DOT and/or the DME presents the known details of the fellow's conduct to the members of the GMEC. Any additional person or persons with firsthand knowledge of the incident(s) in question is asked to attend the meeting to provide supplemental information as appropriate. (Responsibility: DOT and/or DME and TAMC GME Office.)

A copy of the suspension request will be made available to members of the GMEC prior to and during the suspension hearing. (Responsibility: TAMC GME Office.)

f. The fellow is encouraged to request a meeting with the DME prior to the suspension hearing in order to clarify any issues concerning the hearing. The fellow will be given the opportunity to submit written information and/or appear in person before the GMEC. The fellow must provide the name of any accompanying witnesses and supply supporting documentation for the hearing to the DME at least one working day before the hearing. (Responsibility: Fellow.)

g. If the fellow elects to appear before the hearing committee, s/he may not be represented by legal counsel at the hearing. However, during the course of the hearing committee meeting, the fellow is afforded the opportunity to speak on his/her behalf, ask questions to achieve a clear understanding of the concern(s) that have been expressed about his/her conduct, and present testimony from supportive individuals. During and/or following the fellow's presentation, members of the GMEC may question the fellow. (Responsibility: Fellow and GMEC.)

h. After hearing/reviewing all available data, the members of the GMEC determine whether or not sufficient reason exists to suspend the fellow from his/her training program during a period of further investigation and/or adjudication. (Responsibility: GMEC.)

i. At the end of questioning, the fellow is dismissed from the meeting. At the conclusion of a period of discussion, the GMEC members vote to support or deny the recommendation to suspend the fellow. A majority vote carries the decision in either direction. The deliberations and voting occurs in closed session. All but the GMEC voting committee members (or their designated representatives), DME, and recorder must leave the room. (Responsibility: GMEC.)

j. The GMEC's decision is documented along with a summary of the proceedings and vote. These written records are kept confidential and maintained in the TAMC GME Office. (Responsibility: TAMC GME Office.)

k. The DME notifies the fellow in writing within one working day of the GMEC's decision. If the decision is to suspend the fellow from training, the notification includes the fellow's right to appeal the decision to the TAMC Commander within three working days following the date that the fellow receives the notification. The fellow is requested to sign and date the notification to acknowledge receipt. A copy of this notification and acknowledgment is maintained in the fellow's training file in the TAMC GME Office. (Responsibility: DME and TAMC GME Office.) If the GMEC votes to deny the recommendation, the DOT notifies the fellow of the GMEC's decision verbally. The DOT and the fellow meet with the DME at which time they are given the GMEC's decision in writing with specific comments as to what the plan of action for the fellow should be now that suspension has been denied. The DME must document this meeting and an acknowledgment of the meeting, signed and dated by the fellow, is maintained in the fellow's training file by the DOT and the TAMC GME Office. (Responsibility: DME and TAMC GME Office.)

l. The fellow may submit a one-time appeal of the suspension decision through the DME to the TAMC Commander. (Responsibility: Fellow). The suspension request and documentation of the GMEC proceedings and decision is submitted to the TAMC Commander for review. (Responsibility: DME and TAMC GME Office.)

m. Written notification of the decision regarding an appeal must be provided to the fellow within **two** working days following receipt of the appeal. (Responsibility: TAMC Commander, DME and TAMC GME Office.) The TAMC Commander's decision is final. There is no appeal process for the TAMC Commander's decision.

n. The DME will notify the MEDCOM Directorate of Medical Education, ATTN: DASG-PSZ-MG, within five working days following the decision to suspend any military fellow. Notification may be telephonic or in writing. (Responsibility: DME and TAMC GME Office.) The TAMC GME Office must notify the appropriate organization(s) for any civilian fellows who are suspended in accordance with their training agreements.

o. The length of suspension will be determined by the time required to investigate or adjudicate the fellow's conduct. Either the period of suspension will end when the GMEC decides to reinstate the fellow or the incident is referred back to the GMEC for any further action or recommendation.

**11. Fellow's Rights under Due Process and GMEC Hearing Procedures for Adverse Actions:** The proceedings of the GMEC are administrative and are not bound by formal rules of evidence or strict procedural format. The DME will keep records of the proceedings for at least five years.

a. GMEC Responsibilities:

1. At least 75% of the official membership or representatives for members must be present for hearings on probation, suspension or dismissal. At least one fellow representative must be present.

2. If the fellow asks to be present at the hearing but cannot attend the hearing as scheduled, a reasonable attempt will be made to reschedule the meeting without causing undue delay in the proceedings. If this is not possible, the GMEC may proceed in the absence of the fellow after formally documenting the circumstances and the necessity for proceeding in a timely manner.

3. The GMEC has the responsibility to ensure that the concerns of DO meet reasonable criteria for any proposed action. The committee members are encouraged to question DOTs to ensure that reasonable criteria are being met.

b. Fellow's Rights. The fellow has the following rights in the proceedings:

1. The right to waive the hearing.

2. The right to hear the reasons for action as put forth by the DOT.

3. The right to review all documents before the committee.

4. The right to secure a military or a civilian legal advisor (civilian legal advisors will be at the fellow's expense). The legal advisor may not ask questions or make arguments, but the fellow may consult their advisor during the hearing. Fellows may not be accompanied by legal advisors at suspension hearings.

5. The right to respond orally and/or in writing to the statements of the DOT. The fellow shall remain present in the room throughout the DOT's presentation.

6. The right to request witnesses to speak on his/her behalf or to submit statements from witnesses. This request will be honored; however, the hearing will not be unreasonably delayed in order to allow the appearance of witnesses. The witnesses may speak on behalf of the fellow but may not question members of the GMEC. The Chair of the committee may limit time allotted for individual comments.

All witnesses will be called individually, i.e., other witnesses may not be present in the hearing room. If a fellow calls for other fellows to speak on his/her behalf, both the fellow being considered for an adverse action and the DOT will leave the room while these witnesses present their testimony.

7. The right to submit statements, written documents, or other information on their own behalf and in support of his/her position, to show why other disposition should not occur.

8. The right to appeal a decision.

c. Electronic Hearings: The GMEC may conduct hearings via email as long as a fellow waives his/her right to a hearing. Care will be taken to de-identify any supporting documentation attached to the email that may reveal the fellow's identity.

**12. Extension of Training:** Under ordinary circumstances, brief periods of absence can be accommodated without extension of training, provided that the sum of ordinary leave, passes, convalescent leave, travel time, inprocessing/outprocessing time and the absence period do not exceed fellowship hourly graduation requirements. Leave, passes, convalescent leave, travel time, inprocessing/outprocessing time and other absences are governed by existing regulatory and local guidance. If the recommended probation or suspension period exceeds more than one half the elective time normally allocated within the fellowship curriculum, a request for extension may be initiated. In those instances of more prolonged absence, the DOT may recommend extension of training. Extension of training is not considered an adverse action in and of itself and, therefore, requires no hearing or appeal. Extension of training may or may not involve probation or suspension status and may occur for other reasons, such as medical, personal or administrative circumstances. Extensions of training as part of probation or suspension require no hearing or appeal since due process is part of probation and suspension procedures.

a. When an extension of training is requested, the fellow must be notified in writing of the intent to extend training and the reasons for the action. The fellow will be requested to sign the notification acknowledging receipt. (Responsibility: DOT.)

b. A written request for extension enumerating the reasons for the request must be sent through the DME to the GMEC. (Responsibility: DOT.) The GMEC may recommend approval of extensions of training. Approval requires a simple majority vote in favor of the request, i.e., greater than 50% of the voting members present. (Responsibility: GMEC.)

c. The fellow must be notified in writing of the GMEC's decision regarding the DOT's extension of training recommendation and a copy of the fellow's acknowledgment must be maintained by the DOT in the fellow's training file as well as in the TAMC GME Office. (Responsibility: DOT and TAMC GME Office.)

d. Fellows who are recommended for extensions of training that are not the result of a probation or suspension action may appeal the GMEC's decision to the TAMC Commander.

e. Since extension of training may affect future assignments, special pays, and obligations for Army fellows, the MEDCOM Directorate of Medical Education, ATTN: DASG-PSZ-MG, must be notified within five working days of the action for final approval. (Responsibility: DME and TAMC GME Office.)

**13. Fellow Resignation:**

a. Fellows may submit a written request to the DOT resigning from a training program. The resignation request will acknowledge that by resigning from training, the fellow is making him/herself available for immediate reassignment orders to meet the Army's needs. Fellows may opt to request that the effective date of resignation be the end of the current program year, i.e., 31 Oct. (Responsibility: Fellow.)

b. The request will be forwarded through the DME to the GMEC with the DOT's recommendation, a description of the circumstances of the resignation, and whether or not progress has been satisfactory up until the time of resignation. The DOT will indicate the numbers of months of training that have been successfully completed and whether the fellow will be recommended for future GME. The fellow must review the statement by the DOT and will be required to sign the statement to acknowledge this review. (Responsibility: DOT.)

c. The GMEC will review the case and decide to approve or disapprove the resignation request. (Responsibility: GMEC.)

d. The MEDCOM Directorate of Medical Education, ATTN: DASG-PSZ-MG, must be notified within five working days following receipt of all military fellow resignations from GME and the effective date of the resignation. (Responsibility: DME and TAMC GME Office.) The MEDCOM Directorate of Medical Education will notify US Army Medical Service Corps Branch, Human Resources Command (HRC), that the officer is available for assignment. Civilian fellows will be released with notification as indicated in their training agreements.

Fellows who are unable to complete training requirements within the training year as a result of medical issues preventing them from fully engaging in training may be required to extend their training. Military fellows must meet the medical fitness requirements for the Army in order to remain in the training program. Fellows who are unable to complete the training program within a reasonable time (DOT, faculty, GMEC, and/ or Army determined) due to medical reasons are released from the program without any negative consequences.

**14. Re-entry into Graduate Medical Education:** Once a fellow leaves a GME program for any reason (dismissal or resignation) there is no option for immediate reinstatement. The officer may only pursue further GME through application and selection by a designated GME military selection board. Applicants must meet current eligibility requirements when submitting an application

**15.** All fellows can contact the American Psychological Association Commission on Accreditation at any time if they have a complaint of grievance. They are encouraged to try to solve the issues within the Department and the Hospital first.

### **ATTENDANCE AND ABSENCES**

a. Fellows must complete 2 full calendar years of training. Personal leave may be granted when, in the judgment of the DTO for Specialty Practice Area, such absences do not interfere with a fellow's progress in the program. Ten duty days off may be granted per training year. Duty days are days in which the clinic is officially open. These 10 days normally are taken in the form of personal leave. Leave generally is not granted during the first 6 weeks or last 6 weeks of the fellowship. Because Army regulations compute leave on the basis of calendar days without regard for weekends and holidays, it is usually not efficient to take leave during the reduced Christmas holiday schedule, unless a fellow plans to be off island.

b. Fellows may be granted five working days of Permissive Temporary Duty (PTDY) for the purpose of attending professional workshops, meetings, or presentations per training year. These PTDYs are at no expense to the government. PTDY approval is granted by the Director of Training if it is deemed to contribute to the training goals of the fellow or the program. Days off for PTDY are not counted against the 10 days of personal leave during the training year. Training required of fellows as part of the program (such as attendance at local conferences or seminars), is not considered part of this 5 day PTDY allowance, or of the 10 days of leave during each training year.

c. All requests for leave, PTDY, TDY, or any other activities that take place away from the hospital are subject to recommendation for approval by the Director of Training.

### **DUTY HOURS**

a. Normal duty hours are 0730 hours to 1630 hours, Monday through Friday. **Fellows, however, can expect to work from 60 to 65 hours a week depending on their specific clinical rotation and their specific training goals.** Since Clinical Neuropsychology Fellows are required to complete a research project, they can expect to work more than 65 hours if they decide to pursue all the course work and practicum required of the Master's in Psychopharmacology.

b. Military fellows may not "call in sick". To be excused from duty, a military fellow must see a physician during military sick call. The physician then decides whether the illness warrants being placed on quarters. Civilian fellows must communicate with the Director of Training in a timely manner, to be excused due to illness. In the event of extended illness, extension of the fellowship training period may be required and decisions are made under appropriate guidelines by the Director of Training.

c. Fellows are encouraged to schedule necessary personal appointments at times that do not conflict with training activities. Any absence from the clinic or assigned place of duty must be cleared by the Director of Training. Residents must account for their whereabouts through their specialty Practice Area director of training. All absences are subject to the final approval of the Chief, Department of Psychology, or other appropriate military authority.

### **Postdoctoral Fellowship Application Procedures**

**Please contact: [TAMC.PHFellowshipDir@amedd.army.mil](mailto:TAMC.PHFellowshipDir@amedd.army.mil)**

### **ACCREDITATION**

Accreditation Status of the Program: The TAMC Clinical Child Psychology, Clinical Health Psychology and the Clinical Neuropsychology Specialty Training areas are accredited as separate postdoctoral programs by the APA CoA until 2013.

The APA can be contacted at:

**The Office of Program Consultation and Accreditation**

**750 First Street, NE, Washington, DC 20002-4242**

**The website is <http://www.apa.org/ed/accreditation/>**

**The email is [APAaccred@apa.org](mailto:APAaccred@apa.org)**

**Phone number is: (202) 336-5979**

We are also a member of the Association of Psychology Post-Doctoral and Internship Centers (APPIC). They can be contacted at:

**APPIC Central Office**

**10 G Street, NE Suite 440**

**Washington DC 20002**

**[Appic@aol.com](mailto:Appic@aol.com)**

**Phone: 202-589-0600 Fax: 202-589-0603**

**Revised 01 SEPT 2010 PC**